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Under the Paperson's Reduction Act of 1965, see parsons are required to respond to a collection of information unless it displays a valid OMB control number.											
	PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-575										
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL EXTITY		OR.	OTHER THAN SMALL ENTITY	
FOR MANAGER FI							RATE	FEE		RATE	FEE
P7	CFR L18(4)							•	OR		٠
ă	CFR LUCO		minus 20 =	.23			x 2		OR	×2	
	EPENDENT CLAS CFR 1.14(h))	45	- C ant	. 5	,		× 8		OR	×9•	
MATIPLE DEPENDENT CLAIM PRESENT (37 GFR 1.44(4))							+1		OR	<u>••</u>	
" If the difference in column 1 is feet than zone, enter "O" in column 2.							TOTAL		OR	TOTAL	
CLAIMS AS AMENDED – PART (I											
	(Column 1) (Column 2) (Column 3)						SMALL	NTITY	OR	OTKE SMALL	THAN ENTITY
Ł	7/12/05	CLAIRS REMARING AFTER AMENOMENT	-	HIGHEST MUMBER REVIOUBLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	7	RATE	ADDI- TIONAL FIRE
AMENDMEN	Total profesions	1/1	Mana "	00	W	12	₩.		OR	×8	
ş	GFOR LINES	Po	-		•		×8•	/	OR	×8	
FIRST PRESENTATION OF MALTPLE DEPENDENT CLAM (STOPR 1.16(4))							+9 -		OR	·•/	
·							ADD'L FEE		OR	ADO'L FOR	
(Column 1) (Column 2) (Column 3)											
2	2/14/06	CLAMS REMANING AFTER AMENOMENT	-	HIGHEST MUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL PEE		RATE	ADDI- TIONAL PREE
AMENDMENT	Cast Cratical	. 83	Maria 7	R3	.0		x 8•		OR	×8•	
3	independent profes Lappa	. 5	- Minus	5	6		X 8=	./	OR	× 9•	
₹	FREST FRESENTATION OF MALTIFLE DEPENDENT CLASS. \$17.078.1.16(9)						+1 -		OR	+80/	
7/19/06, 100m2 (0mm3)							TOTAL ADD'L PEE	7	OR	ADOL FIEL	\mathcal{O}
RENDMENT D	HA MARE	CLAMS REMANING AFTER		(Column 2) HIGHEST HILMER REVIOUSLY	(Column 3) PRESENT EXTRA		RATE	ADOI- TIONAL FEE	/	RATE	ADDI- TIONAL FEE
	CALCULATION CONTRACTOR	AMENDMENT	100	PADFOR	17 h	DA.	/2		OR.	× •	7
	gar cold supply	. 10	1466	-1000			K 8		OR	x 9 =	/
M	FIRST PRESENTATION OF MULTIPLE DEPENDENT GLASS , STOPE 1.16(4)]	+8 -	\mathcal{I}	OR	+1.	
TOTAL TOTAL OR ADD'L FEE OR ADD'L FEE											
* if the eaty is column 1 is less than the entry in column 2, with "If is column 3." ** if the "Nighest Number Previously Paid Fer" fill THIS SPACE is less than 20, enter "20". *** if the "Righest Number Previously Paid For" fill THIS SPACE is less than 3, enter "3".											
*** If the "Highest Humber Providually Publi For" BY THIS SPACE is toos than 1, eathr "?". The "Highest Number Providually Publi For" (Total or Independent) is the highest cumber found in the appropriate box in column 1.											

The Yoghest Number Previously Party Fo? (Total or Independent) is the highest number found in the appropriate box in column 1.
This collection of information is required by 37 CFR 1.18. The Information is required to a classification of information in required to the public which is to tile (and by the USPTO is process) an application, Combinately is governed by 35 U.S.C. 122 and 37 CFR 1.14. This selection is estimated to table 12 minutes to complete, including gathering, propering, and extending the completed application forms to the USPTO. These will very depending upon the individual cases. Any comments on the extend of time you require to complete this forms marker suggestions for reducing this value, should be sent to the Crief Information Officer, U.S. Patient and Tradents CRES, U.S. Department of Commence, P.O. Son 1456, Alexandris, NA 22313-1456, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Son 1450, Alexandris, NA 22313-1456.